IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: John W. Babich

Title: IMAGING AGENTS FOR

DIAGNOSIS OF PARKINSON'S

DISEASE

Appl. No.: 10/756,793

Filing Date: 1/13/2004

Examiner: CHANG, CELIA C

Art Unit: 1625

Confirmation 1512

Number:

AMENDMENT TRANSMITTAL

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is:

[X] Amendment (12 pgs.).

[X] The fee required for additional claims is calculated below:

| | Claims As Amended | | | | Extra | | | | |
|------------------------|-------------------------|-------|----------------|--------------|---------------------|-------|------------------------|------------|------------|
| | | | Previously | | Claims | | | Additional | |
| | | | Paid For | | Present | | Rate | | Claims Fee |
| Total Claims: | 10 | - | 20 | = | 0 | х | \$50.00 | = | \$0.00 |
| Independent Claims: | 2 | - | 3 | = | 0 | x | \$200.00 | = - | \$0.00 |
| First p | presentation of | of ar | ny Multiple I | Depen | dent Claims: | + | \$360.00 | = | \$0.00 |
| | | | | | CLAIMS | FEE | ETOTAL | = | \$0.00 |
| [] Extension | for response | filed | l within the f | irst m | onth: | | \$120.00 | | \$0.00 |
| | for response | | | | | | | | |
| | for response | | | | | | \$450.00 | | \$0.00 |
| , | | | | | | | \$1,020.00 | | \$1,020.00 |
|] Extension | for response | filed | l within the f | ourth | month: | | \$1,590.00 | | \$0.00 |
|] Extension | for response | filed | l within the f | ìfth n | onth: | | \$2,160.00 | 1 | \$0.00 |
| | | | | | EXTENSION | I FEI | E TOTAL: | | \$1,020.00 |
|] Statutory I | Nicolaine on E. | ee m | | | | | 0120.00 | | \$0.00 |
| | Jisciaimer Fe | | nder 37 C.F. | R. 1.2 | 0(d): | | \$130.00 | | Ψ0100 |
| | | | | | 0(d): DISCLAIMEF | R FEI | | | \$1,020.00 |
| [X] | | EX | TENSION A | ND I | ` ' | | E TOTAL: | | |
| • | | EX | TENSION A | ND I Fees | DISCLAIME | ct ½ | E TOTAL: of above): | | \$1,020.00 |

[[] \mathbf{X}] The above-identified fees of \$510.00 are being paid by credit card via EFS-Web.

SVCA_59997.1 -2-

[X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment instructions in EFS-Web being incorrect or absent, resulting in a rejected or incorrect credit card transaction, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Respectfully submitted,

FOLEY & LARDNER LLP

Customer Number: 38706
Telephone: (650) 251-1104
Facsimile: (650) 856-3710

Lorna L. Tanner Attorney for Applicant Registration No. 50,782